## PART B - FEE(S) TRANSMITTAL

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This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 36218 06/08/2004 KLAROUIST SPARKMAN, LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. 121 S.W. SALMON STREET, SUITE #1600 ONE WORLD TRADE CENTER PORTLAND, OR 97204-2988 Siege1 (Depositor's name) (Signature) (Date 2 FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 11613.32USWO 04/30/2001 Syed V.S. Kashmiri 2031 09/830,748 TITLE OF INVENTION: VARIANTS OF HUMANIZED ANTI CARCINOMA MONOCLONAL ANTIBODY CC49 **PUBLICATION FEE** TOTAL FEE(S) DUE ISSUE FEE DATE DUE SMALL ENTITY APPLN. TYPE \$1330 \$1330 09/08/2004 nonprovisional NO **EXAMINER** ART UNIT CLASS-SUBCLASS HELMS, LARRY RONALD 1642 530-387300 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the ıKlarquist Sparkman LLP names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single  $\ensuremath{\square}$  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ② "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. 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